

Shaul Marshall Prayer

SEP 15 2010

Page 1 of 2

LEGISLATIVE RESOURCE CENTER

18 SEP 24 PM 1:22

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

| | | | |
|--|--|---|---|
| UNITED STATES HOUSE OF REPRESENTATIVES | | FORM B | |
| FINANCIAL DISCLOSURE STATEMENT | | For New Members, Candidates, and New Employees | |
| Name: <u>Shaul Marshall Prayer</u> | | Daytime Telephone: _____ | |
| FILER STATUS | <input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives | State: <u>CT</u> District: <u>5</u> | <input type="checkbox"/> Check if Amendment |
| | <input type="checkbox"/> Candidates - Date of Election: <u>11-4-18</u> | | |
| <input type="checkbox"/> New Officer or Employee | Employing Office: _____ | Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant | Period Covered: January 1, _____ to _____ |

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

| | | | |
|--|---|--|---|
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

| | |
|---|---|
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Shawn M PRATER

Page 2 of 8

| BLOCK A | | BLOCK B | | | | | | | | | | | | | BLOCK C | | | | | | | | BLOCK D | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|------------------|--|-------------|------------------|-------------------|--------------------|---------------------|---------------------|-----------------------|-------------------------|--------------------------|---------------------------|-------------------|-----------------------------------|---|-----------|------|----------|---------------|----------------------|--------------|---|---|-----------|---------------|-----------------|-----------------|------------------|-------------------|--------------------|-----------------------|-------------------------|------------------|------------------------------------|----------------|-----------|---------------|-----------------|-----------------|------------------|-------------------|--------------------|-----------------------|-------------------------|------------------|------------------------------------|
| Assets and/or Income Sources | | Value of Asset | | | | | | | | | | | | | Type of Income | | | | | | | | Amount of Income | | | | | | | | | | | | | | | | | | | | | | | |
| | | Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest. | | | | | | | | | | | | | Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. | | | | | | | | For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest. | | | | | | | | | | | | | | | | | | | | | | | |
| | | A | B | C | D | E | F | G | H | I | J | K | L | M | NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | Current Year | | | | | | | | | | | | Preceding Year | | | | | | | | | | | |
| | | None | \$1-\$1,000 | \$1,001-\$15,000 | \$15,001-\$50,000 | \$50,001-\$100,000 | \$100,001-\$250,000 | \$250,001-\$500,000 | \$500,001-\$1,000,000 | \$1,000,001-\$3,000,000 | \$3,000,001-\$25,000,000 | \$25,000,001-\$50,000,000 | Over \$50,000,000 | Spouse/DC Asset over \$1,000,000* | NONE | | | | | | | | None | \$1-\$200 | \$201-\$1,000 | \$1,001-\$2,500 | \$2,501-\$5,000 | \$5,001-\$15,000 | \$15,001-\$50,000 | \$50,001-\$100,000 | \$100,001-\$1,000,000 | \$1,000,001-\$5,000,000 | Over \$5,000,000 | Spouse/DC Income over \$1,000,000* | None | \$1-\$200 | \$201-\$1,000 | \$1,001-\$2,500 | \$2,501-\$5,000 | \$5,001-\$15,000 | \$15,001-\$50,000 | \$50,001-\$100,000 | \$100,001-\$1,000,000 | \$1,000,001-\$5,000,000 | Over \$5,000,000 | Spouse/DC Income over \$1,000,000* |
| Examples: | Large Corp Stock | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Simon & Schuster | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ABC Hedge Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yallic 403b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yanguard 403b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yallic 529 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yallic IRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

$$\frac{Z}{X}$$
Page 3 of 8

Use additional sheets if more space is required.

Name: Shavi Marshall Prayer Page 4 of 8

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are an House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

[illegible]

SCHEDULE D - LIABILITIES

Name: **Shaul Marshall Prayer**

Page **5** of **8**

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

| SP, DC, JT | Creditor | Date Liability Incurred MO/YR | Type of Liability | Amount of Liability | | | | | | | | | | |
|---------------|------------------------------|--|--|----------------------------|----------------------------|-----------------------------|------------------------------|------------------------------|--------------------------------|----------------------------------|-----------------------------------|------------------------------------|------------------------|---|
| | | | | A \$10,001- \$15,000 | B \$15,001- \$50,000 | C \$50,001- \$100,000 | D \$100,001- \$250,000 | E \$250,001- \$500,000 | F \$500,001- \$1,000,000 | G \$1,000,001- \$5,000,000 | H \$5,000,001- \$25,000,000 | I \$25,000,001- \$50,000,000 | J Over \$50,000,000 | K Over \$1,000,000* (Spouse/DC Liability) |
| Example | First Bank of Wilmington, DE | 5/98 | Mortgage on Rental Property, Dover, DE | | | | X | | | | | | | |
| | PNC Bank | 2013 | Mortgage | | | | X | | | | | | | |
| | Kia Financial | 2014 | car loan | X | | | | | | | | | | |
| | American Express | 1999 | Credit Card | X | | | | | | | | | | |
| | Chase Financial | 2005 | Credit Card | X | | | | | | | | | | |
| | Dept of Education | 2001 | Student Loan | X | | | | | | | | | | |

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

| Position | Name of Organization |
|----------------|---------------------------------|
| Chaplain-Rabbi | Connecticut Dept. of Correction |
| | |
| | |
| | |
| | |

SCHEDULE F - AGREEMENTS

N/A

Name: Shawn Marshall Traver Page 6 of 8

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties to Agreement | Terms of Agreement |
|------|----------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| Source (Name and City/State) | Brief Description of Duties |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

$$\frac{2}{x}$$

Name: Shaul Marshall Palf Page 7 of 8

[illegible]

Use additional sheets if more space is required.

二

Name: Shoul Marshall Payer Page 8 of 8

[illegible]

Use additional sheets if more space is required.